Communicable diseases

348. SHR T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of diseases that affect the pollution in a big way, in order of severtiy of prevalence;

(fo) the estimated loss in terms of man power due to affliction and mortality due to such diseases; and

(c) the steps taken to prevent affliction and contain the spread of such diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA, LAKSHMI): (a) The major Communicable diseases that affect the population in the country are AIDS, Tuberculosis, Leprosy, Enteric Fever, Cholera, Jaundice, Viral Hepatitis, Acute Diarrhoeal Disease, lymphatic Filariasis, Malaria, Japanese Encephalitis, Kala-azar, Dengue, Chikungunya etc.

(b) and (c) Information is annexed in the Statement.

Statement

Steps taken to prevent affliction and contain the spread by communicable diseases

1. National AIDS Control Programme (NACO)

Government of India is implementing National AIDS Control Programme in the country as a 100% centrally sponsord scheme. As per the National AIDS Control Programme, the adult prevalence of HIV infection in the country has been observed to be 0.9%. However, the disease has a heterogeneous distribution with higher prevalence among high risk population groups that is to say commercial sex workers (CSWs). Further, a total of 1,60,112 AIDS cases and 1,170 deaths have been reported in the country since 1993. The core strategy being implemented to prevent the spread includes Targeted Interventions among high risk groups i.e. Commercial Sex Workers, Men having sex with men, Injecting Drug Users, Truckers, Migrant Labours etc; IEC & Advocacy activities, Condom Promotion, Treatment for Sexually Transmitted !nfection. referrals

for Counselling & Testing facilities, provision of safe blood, Anti Retro Viral Treatment, Treatment for Opportunistic Infections, Community Care Centres, Drop in Centrs.

2. Revised National TB Control Programmd (RNTCP)

In order to control TB, with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, the Revised National TB Control Programme (RNTCP) widely known as DOTS. It is a WHO recommended strategy being implemented in the country in a phased manner from 1997 and the entire country had been covered by March 2006. It is estimated that direct and indirect cost of TB control is Rs. 12000 crore per year. About 3.7 lakh persons die of TB every year in the country. Till date, the RNTCP has placed more than 63,00 lakh patients on DOTS treatment, averting more than 11.33 lakh deaths. Every month more than 1.0 lakh patients are placed on DOTS. In 2005 alone, India placed more 12.93 lakhs cases on DOTs more than any country in a single year in the world. Overall performance of RNTCP has been excellent with cure/treatment completion rate consistently above 85% and death rate reduced to less than 5%. Under RNTCP diagnosis by sputum microscopy instead of by X-ray heips in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. To increase accessibility of the masses to the facilities provided under the Programme, special emphasis is laid on the IEC activities, involvement of NGOs, private sector and medical colleges in the revised strategy.

3. National Leprosy Eradication Programme (NLEP)

The country has already achieved the goal of elimination of leprosy as . a public health probiem (less than 1 case/10,000 population) at National level in December, 2005. As in the month of September 2006 the Prevalence Rate has further come down to 0.80/10,000 population. Leprosy is a non fatal disease and does not cause mortality. The following steps have been taken to prevent affliction and contain the spread of the disease:—

- Intensified IEC using local & mass media to increase awareness about the disease in the communities to encourage voluntary reporting for diagnosis *&* treatment.

- Early diagnosis of cases and prompt treatment by MDT to reduce risk of transmission.
- Availability of diagnosis & treatment services free of cost at all PHCs & Govt, hospitals on all working days.

4. Integrated Disease Surveillance Mechanism (IDSM)

In order to strengthen surveillance activities and to promote early detection of outbreak and institute appropriate action for prevention and control of Disease, Integrated Disease Surveillance mechanism (IDSM) has been instituted since November 2004. It has been established with the aim to create a decentralized district-based system of surveillance for communicable and non-communicable diseases so that timely and effective public health action can be initiated in response to health challenges in urban and rural areas. Along with National Rural Health Mission (NRHM) it aims to build capacity at grass root level in order to respond to the public health needs and requirements.

5. National Vector Borne Disease Control Programme (NVBDCP)

The following diseases come under NVBDCP:—

Lymphatic Filariasis, Malaria, Japanese Encephalitis, Kala-azar, Dengue and Chikungunya. Among the vector borne disease, Malaria is most widely prevalent. The reported Malaria cases in the country during 2005. are 1.8 million with 963 deaths. Kala-azar is endemic in 52 districts of 4 States namely Bihar, Jharkhand, West Bengal and Uttar Pradesh. Japanese Encephalitis (JE), Dengue and Chikungunya are epidemic viral diseases. In 2005, 6727 suspected cases of JE were reported from 14 States. Dengue was reported from 14 States with 11985 cases. Chikungunya has been reported during 2006 after a gap of many years. 12 States were affected and 13.74 lakhs suspected Chikungunya fever cases were reported. In case of Malaria on an average a patient looses 5 mandays per annum Chikungunya and Dengue on an average a person about 5 days. The estimated loss in terms of lose of losses manpower due to the incidents of these diseases varies according to the intensity of the disease.

Three pronged strategy has been implemented under the National Vector Borne Disease Control Programme (NVBDCP) for prevention and control of vector borne diseases. These are

(i) Disease Management including early case detection and complete treatment

(ii) Integrated Vector Management — For transmission Risk Reduction and

(iii) Supportive Interventions including. Behavior Change Communication.

Long waiting of outdoor patients for consultation in AliMS

†349. SHRI SAMAN PATHAK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are'aware of the fact that patients have to wait for long hours in line to get themselves registered as outdoor patients department of Ali India Institute of Medical Sciences;

(b) whether Government have any scheme for providing facilities io patients for their easy registration; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMl): (a) to (c) According to AIIMS the average number of patients attending OPD is app-ox. 7000 patients per day. who start queuing right from early morning so as to get early consultation. The hospital is also contemplating computerization of OPD **registration** to minimize the problem. ^

Facilities available in Hospitals and PHCs to face Dengue and Chikungunya

350 SHRI M.V MYSURA REDDY:
SHRIMATI S.G INDIRA:
SHRI C PERUMAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases detected pertaining to dengue and chikungunya diseases from the various Government hospitals and primary health centres in the country, State-wise;

† Original notice of the question was received-in Hindi